

# Credit Life Insurance Application

## Personal Information

Full Name

Date of Birth

Address

Phone Number

Email

## Employment & Loan Details

Current Employer

Occupation

Loan Amount

Loan Term (months)

Bank/Lending Institution

## Health Information

Medical History

Current Medication

Are you a smoker?

## Beneficiary Details

Beneficiary Name

Relationship

## Declarations

☐ I confirm all information provided is true and complete.